

Please read this application form carefully and complete ALL sections ensuring that the certified copies of your academic transcripts and English Language assessments are attached.

| 1. PERSONAL DETAILS | | | | | | | | | | |
|---|--------------------------|-----|--------------------------|-----------|--------------------------|------|--------------------------|-------------------|--------------------------|------------------------|
| Title: | <input type="checkbox"/> | Mr. | <input type="checkbox"/> | Mrs. | <input type="checkbox"/> | Ms. | <input type="checkbox"/> | Dr. | <input type="checkbox"/> | Other |
| Family name: (as in passport) | | | | | | | | | | |
| Given name(s): (as in passport) | | | | | | | | | | |
| Date of Birth (DD/MM/YY): | | | | Gender: | <input type="checkbox"/> | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | Other or Non-disclosed |
| Nationality: (as in passport) | | | | | | | | | | |
| Phone/Mobile: (with country code) | | | | | | | | | | |
| Email Address: | | | | | | | | | | |
| Address in Home Country | | | | | | | | | | |
| Address: | | | | | | | | | | |
| Suburb / Town: | | | | | Postcode: | | | | | |
| Country: | | | | | | | | | | |
| Telephone/ Mobile: | | | | | Email: | | | | | |
| Address in Australia (if known) | | | | | | | | | | |
| Address: | | | | | | | | | | |
| Suburb / Town: | | | | | Postcode: | | | | | |
| Country: | | | | | | | | | | |
| Telephone/ Mobile: | | | | | Email: | | | | | |
| Emergency Contact Details | | | | | | | | | | |
| Contact Name: | | | | | Phone Number: | | | | | |
| Mobile Number: | | | | | Relationship: | | | | | |
| Medical Conditions | | | | | | | | | | |
| Do you have a known disability or medical conditions? (e.g., intellectual, hearing, vision, etc.) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | | |
| If 'Yes' (give details and contact our admin team): | | | | | | | | | | |
| 2. PASSPORT AND VISA DETAILS | | | | | | | | | | |
| Country of Birth: | | | | | | | | | | |
| Citizenship: | | | | | | | | | | |
| Passport Number: | | | | | Passport Expiry Date: | | | | | |
| VISA Type: | | | | Subclass: | | | | VISA Expiry Date: | | |

| | | | |
|--|---|---|--|
| Do you hold a valid Australian visa? | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please specify: | |
| What type of visa will you be holding when you commence your studies? | | | |
| <input type="checkbox"/> Student | <input type="checkbox"/> Working Holiday | <input type="checkbox"/> Tourist | <input type="checkbox"/> Other |
| Have you applied to become a permanent residence of Australia? | | | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If 'Yes' date of application (DD/MM/YY): | | | |
| Have you organised Overseas Student Health Cover? | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If 'YES' please give details: | |
| As an international student you are required to apply for Overseas Student Health cover to study in Australia. ACTB can arrange this for you. Please tick which cover you require: | | | |
| <input type="checkbox"/> Yes, Single Cover (Single cover is only for the overseas student) | | | |
| <input type="checkbox"/> Yes, Couple cover (Couple cover is for overseas student and one adult) | | | |
| <input type="checkbox"/> Yes, Family Cover (Family cover is for overseas student and more than one dependent) | | | |
| 3. LANGUAGE AND CULTURAL DIVERSITY | | | |
| In which country were you born? | | | |
| | | <input type="checkbox"/> Australia | <input type="checkbox"/> Other - Please specify: |
| Do you speak a language other than English at home? | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes - Please specify: | | |
| How well do you speak English? | | | |
| <input type="checkbox"/> Very well | <input type="checkbox"/> Well | <input type="checkbox"/> Not well | <input type="checkbox"/> Not at all |
| Are you of Aboriginal or Torres Strait Islander origin? | | | |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Yes - Please specify: |
| 4. PREVIOUS ACADEMICS | | | |
| 4.1 | Have you done your schooling? | | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Highest Qualification: | | | |
| Name of Institute: | | Completed Year: | |
| 4.2 | Are you currently enrolled with any education provider? | | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (if 'Yes' please read the information carefully by visiting www.actb.com.au and go to question 4.3, if No please go to question 4.4). | | | |
| 4.3 | Please Indicate your intention of Intended Course: | | |
| | | <input type="checkbox"/> Parallel Study | <input type="checkbox"/> Primary Course |
| 4.4 | Have you studied with ACTB previously? | | |
| | | <input type="checkbox"/> Yes - ID Number: | <input type="checkbox"/> No |
| 4.5 | English Language Proficiency | | |
| Please provide certified copies of your latest 2-year academic results & IELTS, TOEFL or PEARSON score if applicable. Please note that only results achieved within two years of the test date will be considered. If you have not yet sat an IELTS/ TOEFL/ PEARSON exam, please indicate below when you will be seating for the test. | | | |
| IELTS Score: (Overall) | | TOEFL Score: | PTE Score: |
| | | Other (please specify): | |
| or I will sit / have sat an English language proficiency test. | | | Test Date: |

5. EMPLOYMENT DETAILS

Of the following categories, which BEST describes your current employment status?

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Employed in a family business | <input type="checkbox"/> Unemployed - seeking work | <input type="checkbox"/> Not employed - not seeking employment | |

6. REASON FOR STUDY

Of the following categories, which BEST describes your main reason for undertaking this course?

- | | |
|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> Other reasons | |

7. COURSES INFORMATION

Please select from the drop down list below

ELICOS:

- | | | | |
|--|-------|------------------------------|-------|
| <input type="checkbox"/> General English | Weeks | <input type="checkbox"/> EAP | Weeks |
|--|-------|------------------------------|-------|

Main Course 1:

Main Course 2:

Main Course 3:

***Note: For BSB60520 Advanced Diploma of Marketing and Communication 5 pre-requisite units needs to be completed prior course commencement**

Flexible Intake Dates – Write your preference: Month Year

8. TRANSFERRING STUDENT INFORMATION: (IF APPLICABLE)

Are you transferring from another education provider in Australia? Yes No

If 'Yes' then have you completed the first 6 months of your principal course? Yes No

Name of Institute:

If you currently enrolled in another institute in Australia, please provide release letter.

9. COURSE CREDIT

Do you intend to apply for Course Credit?

- Yes (If 'Yes' download and complete ACTB course credit form from www.actb.com.au) No

10. UNIQUE STUDENT IDENTIFIER (USI)

Do you have a Unique Student Identifier (USI) number? Yes No

If 'Yes' please provide your USI no.

ACTB can create an USI account on your behalf. Please acknowledge if you would like us to create one for you.

- Agree Disagree

Please note: It is mandatory that all International Students must have an USI number. This form is available on the USI website. Please use the following link: <https://www.usi.gov.au/>

11. EDUCATION AGENT DETAILS (If applicable)

If you were referred by an Education Agent, please provide details below.

Name of the agent:

Name of the agency:

Address:

I authorise the agent selected to act on my behalf: Authorise education agent

Agent declaration

I am satisfied that the applicant is a genuine student and genuine temporary entrant as defined by DHA and I recommend them for admission to ACTB. I am satisfied that the applicant has access to sufficient funds to cover tuition, travel, living and OSHC costs for themselves and any dependents. I confirm that the supporting documentation provided with this application are the true copy of the originals which are/were sighted by me and can confirm their authenticity and genuineness.

Agent Signature:

Date:

12. PRIVACY NOTICE

Under the Data Provision Requirements 2012, ACTB is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Institute of Management and Computing for statistical, regulatory and research purposes. ACTB may disclose your personal information for these purposes to third parties. This practice is also required by the ESOS Act and the ESOS National Code 2018. including:

- School: if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship
- Employer: if you are enrolled in training paid by your employer
- Commonwealth and State or Territory government departments and authorized agencies
- NCVER
- Researchers

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts
- Facilitating statistics and research relating to education, including surveys
- Understanding how the VET market operates, for policy, workforce planning and consumer information, and
- Administering VET, including program administration, regulation, monitoring and evaluation

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET data policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

13. STUDENT DECLARATION

1. I declare that the information contained in this application and the supporting documentation is true and correct. I understand giving false or misleading information is a serious offence under state and/or federal law in Australia.
2. I declare that I am a Genuine Temporary Entrant (GTE) and a Genuine Student and that I have read and understood the conditions in relation to these requirements as defined on the following website: <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500/genuinetemporary-entrant>.
3. I understand that if ACTB forms the opinion that I am not a Genuine Temporary Entrant, they may refuse to assess my application, withdraw an offer or cancel my confirmation of enrolment.

4. I declare that I have read and understand the information related to ACTB's admissions requirement, tuition fees, course information and refund policy on www.actb.com.au.
5. I agree to advise ACTB immediately if there are any changes to the information I have provided in this application.
6. I understand that ACTB have the right to vary or reverse any assessment made on the basis of incorrect, incomplete, false or misleading information which I have provided.
7. I understand that by completing this application, I am giving written consent to ACTB verify the information supplied by me in this application.
8. I declare that I have access to the funds required to study at ACTB for the length of my course including course/tuition fees and living expenses for myself and my dependents.
9. I agree to allow ACTB to check my visa entitlements via DHA Visa Entitlements Verification Online (VEVO) System.
10. I have read and understood the above conditions and accept them in full.

| | | |
|----------------|---------------------|------|
| | | |
| Applicant Name | Applicant Signature | Date |